the safety and efficacy of medicines in Aboriginal and Torres Strait Islander people, despite their need for extensive use of medicines to manage the high burden of disease.

It is important that Australian prescribers are aware of the limitations of drug safety and efficacy data for Aboriginal and Torres Strait Islander people. Clinicians are encouraged to publish their own observations, including reporting adverse drug reactions, to the Therapeutic Goods Administration. These observations are essential to inform robust assessment of medicines for Australia's indigenous populations.<sup>3-6</sup>

Genevieve Gabb Physician Repatriation General Hospital Daw Park, SA

Agnes Vitry Pharmacist University of South Australia Tilenka Thynne Physician Pharmacology Flinders University Adelaide

## **REFERENCES**

- Miller DR, Oliveria SA, Berlowitz DR, Fincke BG, Stang P, Lillienfeld DE. Angioedema incidence in US veterans initiating angiotensin-converting enzyme inhibitors. Hypertension 2008;51:1624-30.
- Hippisley-Cox J, Coupland C. Individualising the risks of statins in men and women in England and Wales: population-based cohort study. Heart 2010;96:939-47.
- Gabb GM, Vitry A, Limaye V, Alhami G. Serious statin associated myotoxicity and rhabdomyolysis in Aboriginal and Torres Strait Islanders: a case series. Intern Med J 2013;43:987-92.
- Mahajan H, Thynne T, Gabb GM, Poh EW. Drug safety in Aboriginal Australians: three cases of angiotensinconverting enzyme inhibitor angioedema. Intern Med J 2015;45:231-3.
- Harding DJ, Subramaniam K, MacQuillan G, Davis J, Nolan D. Severe drug-induced hypersensitivity syndrome with a shared HLA-B allele. Med J Aust 2012;197:411-3.
- Haysom L, Samaras K, Stapylton C, Wines J. Statin associated myotoxicity in an incarcerated Indigenous youth – the perfect storm. Med J Aust 2015;202:381-2.

## **Book review**

## **Psychopharmacology and pregnancy**

## Rebecca Hill

Consultant psychiatrist Women's and Children's Health Network Adelaide



Galbally M, Snellen M, Lewis A Heidelberg: Springer-Verlag Berlin Heidelberg; 2014. 223 pages

The editors of this book undertook to provide an overview of the current state of knowledge concerning the use of psychotropic medication in pregnancy, with a second stated aim of producing clinical guidelines for practitioners. The historical reluctance to include pregnant women in research, and the need to consider the interests of both mother and baby, makes this a Herculean task. Here, the task is well-accomplished, with noted researchers from the field presenting us with an excellent and concise summary.

The initial chapters set out the unique challenges in perinatal mental health, an understanding of which is essential when counselling a pregnant woman about the options available to her. These include the ethics of informed consent and the difficulties of interpreting a flawed evidence base. They also include explanations of how the interaction of maternal, fetal,

genetic and environmental factors may mediate the effects on babies of perinatal exposure to maternal mental illness and associated medicines.

Later chapters consider in turn the major categories of perinatal mental illness, in most cases providing itemised guidelines for clinicians at their conclusion. A minor criticism is that the presentation of these guidelines varies between chapters. This tends to reduce the ease of use of the book as a 'quick reference guide'.

More difficult topics such as borderline personality disorder, eating disorders and substance abuse have been included. There is a chapter on the impact of popularly used complementary and alternative treatments. Another deals with the use of ECT, a treatment with high efficacy from which pregnant women may find themselves unfairly excluded.

Clinicians unfamiliar with the topic will be able to find some quick, wise pointers by turning immediately to the guideline sections. Those seeking a deeper understanding of the literature will also be rewarded.